

02527 U.S. PTO
09/18/03

PTO/SB/50 (06-03)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	E040 1010RE	
	First Named Inventor	Brad I. Proctor	
	Original Patent Number	6,289,635 B1	
	Original Patent Issue Date (Month/Day/Year)	September 18, 2001	
	Express Mail Label No.	EV332582929US	

APPLICATION FOR REISSUE OF: (Check applicable box)	<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent	<input type="checkbox"/> Plant Patent
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APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52) 6. <input checked="" type="checkbox"/> Power of Attorney 7. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement (PTO/SB/96) 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c). 11. <input type="checkbox"/> Original Patent Grant <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 17. Other: Express Mail Certificate <hr/> <hr/> <hr/>

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number:	26158	OR	<input type="checkbox"/> Correspondence address below
Name	Womble Carlyle Sandridge & Rice, PLLC		
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Name (Print/Type)	Jack B. Hicks	Registration No. (Attorney/Agent)	34,180
Signature	<i>Jack B. Hicks</i>		
Date	9-18-03		

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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16591 U.S. PTO
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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
E040 1010RE

Claims as Filed – Part 1

	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	(A) 16	(B) 17	**** 0 =	x \$ 0 =	0	or	x \$ _____ =
Independent claims (37 CFR 1.16(i))	(C) 2	(D) 3	* 0 =	x \$ 0 =	0		x \$ _____ =
			Basic Fee (37 CFR 1.16(h))		\$ 375		\$ _____
			Total Filing Fee		\$ 375.00	OR	\$ _____

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 17	MINUS	** 20	* = 0	x \$ 0 =	0	or	x \$ _____ =
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS	***** 3	= 0	x \$ 0 =	0		x \$ _____ =
			Total Additional Fee		\$ 0.00	OR	\$ _____	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

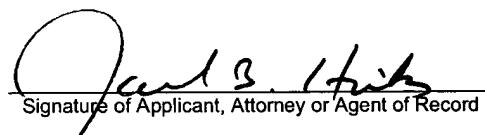
 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number _____ in the amount of _____.
A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or
credit any overpayment to Deposit Account Number 09-0528.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 375 to cover the filing/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not
be included on this form. Provide credit card information and authorization on PTO-2038.**

September 18, 2003

Date

34,180

Registration Number, if applicable



Signature of Applicant, Attorney or Agent of Record

Jack B. Hicks, Esq.

Typed or printed name

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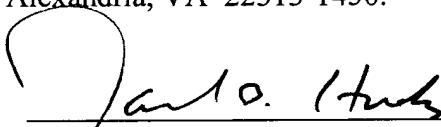
Sir:

CERTIFICATE OF MAILING/EXPRESS MAIL

"Express Mail" Mailing Label Number: EV332582929US

Date of Deposit: September 18, 2003

I hereby certify that this paper, which is a Reissue Application for Patent Number 6,289,635, Issued September 18, 2001, entitled CONTINUOUS HANDICAP THRESHOLD ASSEMBLY WITH DUAL DAMS AND SELECTIVELY POSITIONABLE SIDELIGHT CAP (Our File No. E040 1010RE (38864.0009.7)), and the attached fee are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the MAIL STOP REISSUE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Jack B. Hicks
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Mailed By:



Lisa M. Carter